

HISTORY FACILITY PROFILE

SANDY REGIONAL HEALTH CENTER PROVIDER #: 465111 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 50 EAST 9000 SOUTH PHONE NUMBER: (801) 561-9839 TOTAL: 154
 SANDY UT 84070 PARTICIPATION DATE: 03/18/1987 CERTIFIED: 154 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 08/01/2002	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 154
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TOTAL: 133	ADMISSION SUSPENDED:	18 18/19 19 ICF/MR
MEDICARE: 36	SUSPENSION RESCINDED:	-- -- --
MEDICAID: 68		154
OTHER: 29		

CURRENT SURVEY REVISIT DATES - 09/30/2002

PRIOR 3 SURVEY 01/1999	S/S CODE	PRIOR 2 SURVEY 04/2000	S/S CODE	PRIOR 1 SURVEY 06/2001	S/S CODE	CURRENT SURVEY 08/01/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	E			X	D				REQ F0272-COMPREHENSIVE ASSESSMENTS
				X	B				REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
X	E			X	E	X C	B	09/30/2002	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
		X	D	X	E				REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
				X	D				REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	D				REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
X	D	X	D	X	D				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
				X	D				REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	D								REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
									REQ F0327-FACILITY PROVIDES SUFFICIENT FLUID INTAKE
		X	D			X C	B	09/30/2002	REQ F0328-PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS
						X C	D	09/30/2002	REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
						X C	D	09/30/2002	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	E				REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
X	D	X	E						REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
									REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
									REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

85 NEW PRIOR 3 SURVEY 01/1998	85 NEW PRIOR 2 SURVEY 02/2000	85 NEW PRIOR 1 SURVEY 04/2001	85 NEW CURRENT SURVEY 08/01/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
	X		X C	08/29/2002	K0018-CORRIDOR DOORS
	X				K0025-SMOKE PARTITION CONSTRUCTION
X					K0038-EXIT ACCESS
		X			K0050-FIRE DRILLS
X					K0062-SPRINKLER SYSTEM MAINTENANCE
		X			K0067-VENTILATING EQUIPMENT
X	X	X	X C	08/29/2002	K0072-FURNISHING AND DECORATIONS
					K0130-OTHER

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	4	8	4	5
HEALTH TOTAL	4	8	4	5
LIFE SAFETY CODE	2	3	3	3
LIFE SAFETY CODE + HEALTH	6	11	7	8

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
07/23/2002	UNSUBSTANTIATED
09/19/2002	UNSUBSTANTIATED
10/02/2002	UNSUBSTANTIATED
11/20/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT